

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <u>Matthew</u></p>	
<p>1. Article Addressed to:</p> <p>R. Randolph Nelson            455. Street United States Army            Post Office Box 1917            Montgomery, AL 36101-0197</p>		<p>B. Received by (Printed Name) <u>Matthew</u></p> <p>C. Date of Delivery <u>5/2/06</u></p>	
<p>2. Article Number <u>7006 0100 0002 0273 2657</u></p> <p>(Transfer from 5)</p> <p>PS Form 3811, February 2004 Domestic Return Receipt</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

102596-02-M-1540

7006 0100 0002 0273 2657

**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>TM</sup>**  
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**RECEIPT**

**OFFICIAL USE**

Postage \$ 4.38  
Certified Fee \$2.40  
Return Receipt Fee (Endorsement Required) \$1.85  
Restricted Delivery Fee (Endorsement Required) \$0.00  
Total Postage & Fees \$4.64

0502  
Postmark Here

05/04/2006

Sent To  
R. Randolph Neale  
Street Apt No.  
or PO Box No.  
140279  
City, State, ZIP+4  
Montgomery AL 36101

PS Form 3800, June 2002  
See Reverse for Instructions

7006 0100 0002 0273 2657

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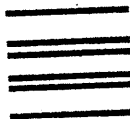
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UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Dr Donna Paul  
102 Meadows Road  
Bethesda, MD 36893

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